

FINANCIAL AFFIDAVIT	
IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE	
IN THE CASE OF _____ V.S. _____ FOR _____ AT _____	IN CLERKS OFFICE 2004 MAR 23 12:01 LOCATION NUMBER _____ DOCKET NUMBERS Magistrate _____ District Court _____ Court of Appeals _____
PERSON REPRESENTED (Show your full name) LANCE S. ROSAS	1 <input checked="" type="checkbox"/> Defendant - Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other _____
CHARGE/OFFENSE (describe if applicable & check box →) <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	

ASSETS	EMPLOYMENT	Are you now employed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Am Self-Employed Name and address of employer: <u>1433 YORK AVE NY NY 10021 NY HEALTH & RACQUET</u> IF YES, how much do you ^{APPROX} earn per month? \$ <u>5500 - 6500</u> IF NO, give month and year of last employment How much did you earn per month? \$ _____ If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____				
	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 40%; text-align: center;">RECEIVED</th> <th style="width: 60%; text-align: center;">SOURCES</th> </tr> <tr> <td style="text-align: center;">\$ <u>10K</u></td> <td><u>401K PAYOUT FROM CITICORP</u></td> </tr> </table>	RECEIVED	SOURCES	\$ <u>10K</u>	<u>401K PAYOUT FROM CITICORP</u>
	RECEIVED	SOURCES				
	\$ <u>10K</u>	<u>401K PAYOUT FROM CITICORP</u>				
CASH	Have you any cash on hand or money in savings or checking accounts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ <u>1300</u>					
PROP. ERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, GIVE THE VALUE AND \$ DESCRIBE IT <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 40%; text-align: center;">VALUE</th> <th style="width: 60%; text-align: center;">DESCRIPTION</th> </tr> <tr> <td style="text-align: center;">\$ <u>30K</u></td> <td><u>DODGE DURANGO</u></td> </tr> </table>	VALUE	DESCRIPTION	\$ <u>30K</u>	<u>DODGE DURANGO</u>	
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OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents _____	List persons you actually support and your relationship to them _____ _____ _____	
	DEBTS & MONTHLY BILLS	APARTMENT OR HOME:	Creditors	Total Debt	Monthly Paymt.
	(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	<u>CAR</u>	<u>WELLS FARGO</u>	\$ <u>32,000</u>	\$ <u>459</u>
		<u>SCHOOL</u>	<u>LEAN UNIVERSITY</u>	\$ _____	\$ <u>600</u>
<u>MOBILE</u>		<u>MORTGAGE</u>	\$ _____	\$ <u>800</u>	
<u>CREDIT CARDS</u>		<u>CREDIT CARDS</u>	\$ _____	\$ <u>200</u>	
<u>CAR INSURANCE</u>		<u>ROUTE 5</u>	\$ _____	\$ <u>195</u>	
AND ALL OTHER DEBTS _____					

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) _____

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)



NAME	DOB	AMOUNT	PER MONTH
CREDIT CARD	HOUSEHOLD BANK		200
CABLE BILL	COMCAST		89
LIFE INSURANCE			300
TRANSPORT - GAS - TOLLS			1000
FOOD			800
WARRANTY			200
CAR PLANS			150
INTERNET			40
MEDICAL EXPENSES			290
PRESCRIPTIONS			142
CLOTHING			200